

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Rosedale Manor Care Home

Sherbourne Road, Crewe, CW1 4LB

Tel: 01625417800

Date of Inspection: 20 March 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Four Seasons 2000 Limited
Overview of the service	Rosedale Manor is a two-storey purpose-built care home set in its own grounds. The home is in a residential area close to Crewe town centre, local shops and other facilities. On the ground floor, Willows unit provides accommodation for ten people with severe and enduring mental health needs and Woodlands unit provides accommodation and nursing care for 24 people with dementia. The first floor of the home provides nursing and personal care for up to 46 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Rosedale Manor Care Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Management of medicines
- Assessing and monitoring the quality of service provision
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 March 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, were accompanied by a pharmacist and reviewed information sent to us by other authorities. We talked with other authorities.

What people told us and what we found

We carried out this inspection to check that improvements had been made in areas of concern that we had found on our previous visit in October 2013.

We spoke to eight people who lived in the home and three relatives. They all told us that the home had improved significantly in the last six months. Comments we received included; "I have noticed a big improvement in the level of care to people who are not mobile. People were left waiting to go to the toilet, now staff respond much quicker" and "I have no concerns about the staff."

We spoke to the temporary manager, the regional manager and seven other members of staff. They all told us that they were very pleased with the improvements that had been made in the home.

We observed medicines being administered. One person told us "Staff are very caring and kind, they give me my medicines every day". Due to people having varying degrees of dementia we found it difficult to obtain their direct views about medicines but overall we found medicines were being safely and appropriately managed.

We looked at the systems in place to safeguard people who lived in the home from harm and saw that these had been improved. We looked at the quality assurance arrangements in place and we saw that that these had also significantly improved. We also looked at some the home's records and saw that they were legible and completed correctly.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

When we inspected Rosedale Manor in October 2013 we found that the provider did not have adequate arrangements in place to protect the care and welfare of people who lived in the home. We took enforcement action and issued a warning notice and referred our findings to the local authority safeguarding team. The provider sent us an action plan outlining how they were going to meet the requirements of the regulation. This action plan has been consistently reviewed and updated and a copy sent to us at regular intervals.

We spoke to eight people who lived in the home and three relatives. They all told us that the home had improved significantly in the last six months. Comments we received included; "I went out in the minibus yesterday for lunch and a drive around, it was great" and "I visit regularly and see that she is well looked after."

At our previous inspection we had noted a number of incidents where we were concerned about the lack of staff support for people who lived in the home. At this inspection we saw that staff were quick to respond to people's needs and requests. We saw that one person was consistently shouting out from their bedroom. We saw from this person's care plan that this was usual behaviour for them and was part of their condition. We observed staff entering this person's bedroom on regular occasions to talk to this person and see if they needed anything.

We observed lunch in the nursing unit upstairs and saw that it was calm and relaxed. People who needed support to eat were helped in their own time and were not rushed. We saw that the tables were laid nicely and people sat in small sociable groups and enjoyed a leisurely lunch.

We saw that improvements had been made and people's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. We looked in some detail at the care and support provided to four people who lived in the home. In order to do this we met with some of the people concerned, we spoke with staff and the temporary manager and we looked at people's records.

These records included the person's care plans, risk assessments, and records about the support they had received from professional people outside of the home. We found the information in each person's care plan was detailed and reflected the person's needs. We noted a few concerns about one care plan and we reported these to the temporary manager and they said they would take action to resolve these immediately.

We saw in people's care files that Dementia Care Mapping was taking place in Rosedale Manor on a regular basis. Dementia Care Mapping (DCM) is a tool developed by Bradford University to measure the care and interaction that a person with dementia receives in their care setting. The data is then used to look at the person's care and their care plan and make improvements to their daily life and their sense of well-being and opportunities for engagement in meaningful activities. We saw that DCM was taking place but had concerns that there was no evidence that the data was being used to influence changes in care and care plans. We shared our concerns with the temporary manager and the regional manager.

During our inspection we did not see any activities taking place. We asked the temporary manager and they told us that people were out in the minibus. When we spoke to people who lived in the home they told us that activities did take place but some of them told us that at times they were "bored and had nothing to do".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

When we inspected Rosedale Manor in October 2013 we found that the provider did not have adequate arrangements in place to protect people from harm and abuse. We issued a compliance action and referred our findings to the local authority safeguarding team. The provider sent us an action plan outlining how they were going to meet the requirements of the regulation. This action plan has been consistently reviewed and updated and a copy sent to us at regular intervals.

One person who lived in the home told us; "The staff make me feel safe and the nurses are very kind." Another person said; "I feel very safe living here." The staff members we spoke to told us that they had received safeguarding training. Comments about the training were mixed. One staff member said; "We do the E learning, but I don't think is as effective a face to face learning." Another staff member told us that the training they had received was very good.

We asked staff about safeguarding procedures. Some staff were vague in their responses and most did not know who they would contact outside of the home but they all said that they would inform the manager of any concerns. We asked staff if there was any safeguarding information on display in the home and none were aware of any. We shared our concerns about this with the temporary manager. However we also noted that in all three offices in the home there were posters displaying safeguarding information and who to contact to report concerns.

We looked at incident reports and saw that all relevant issues had been notified to the local safeguarding authority team and to the Care Quality Commission. We saw that all areas of concern had been explored and risk assessments had been updated.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Reasons for our judgement

When we inspected Rosedale Manor in October 2013 we found that the provider did not have adequate arrangements in place to manage people's medicines. We took enforcement action and issued a warning notice and referred our findings to the local authority safeguarding team. The provider sent us an action plan outlining how they were going to meet the requirements of the regulation. This action plan has been consistently reviewed and updated and a copy sent to us at regular intervals.

We looked at how medicines were handled and found appropriate arrangements for their obtaining, safe administering, recording and disposal. Adequate stocks of medicines were kept in the home and these were checked and monitored to help make sure they were correct.

We found appropriate arrangements for recording medicines. We checked the medicines records and stocks for 15 people over the three units of the home. We found records about medicines were clearly made and accurate. When medicines were not given or refused an appropriate record was usually made. We checked a sample of these people's medicines by looking at the stocks and records and found they added up correctly. This showed these medicines had been safely given to people.

We found medicines were safely kept. We saw appropriate cupboards, trolleys and a medicines fridge that were regularly checked by managers to help make sure they were being properly used.

We looked at how medicines such as creams were handled. Care plans and records had been developed so that staff had information about how to use them. The provider might find it useful to note that some of the administration records were not fully completed for emollient creams (used for dry skin) so it was not always possible to confirm if they had been applied properly. However we found creams that contained active medicines were usually recorded accurately by nursing staff showing that had been properly applied.

We found clear procedures and paperwork for recording changes to people's medicines and when we checked their records and information we saw changes had been recorded and put in place. Care plans had been written for 'when required medicines' and these

helped make sure people were given them correctly.

We looked at how medicines were audited and checked by managers to make sure they were being handled properly and that systems were safe. Audit processes were in place and we saw appropriate action had been taken to make required improvements when errors were found.

Care workers and nursing staff had all received updated 'safe handling of medicines' training. All staff that handled medicines were formally assessed for their competency to help make sure they had the necessary skills and understanding to safely administer medicines.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

When we inspected Rosedale Manor in October 2013 we found that the provider did not have adequate arrangements in place to assess and monitor the quality of the service. We took enforcement action and issued a warning notice and referred our findings to the local authority safeguarding team. The provider sent us an action plan outlining how they were going to meet the requirements of the regulation. This action plan has been consistently reviewed and updated and a copy sent to us at regular intervals.

We asked the staff about the quality of the service being offered and they told us; "Things have got a lot better since the last inspection, we now get direction on what to concentrate on and what documentation needs completing" and "This home was a disgrace, the rooms were in a right state, we didn't spend enough time with people and the paperwork wasn't filled in right."

We saw that the quality of the service provision was now being monitored more closely. We saw that the management team were completing various audits including quality of care documentation, medication, dining experience, night time visits and social activity preference audits. We saw that these audits identified issues which were then dealt with and resolved. There was a clear audit trail of how issues were resolved. We also saw that an "Aide Memoire" had been introduced which gave the manager a list of monthly/weekly reporting that had to be made to the regional manager.

The provider had also carried out a staff survey recently. Not all of the surveys had been returned but we looked at the completed ones. They contained positive comments about the service improvements and the temporary manager. We were told by the staff that they were concerned about what will happen when the temporary manager leaves as a new permanent manager was being appointed. We shared these concerns with the regional manager who told us that the process will be a slow one and that there were plans in place to support the staff and the new manager.

We saw that staff meetings were taking place and that staff were receiving support and supervision. One staff member said; "I am well supported by supervisors, we get regular supervisions. They used to be a bit hit and miss." We also saw that relatives and resident

meetings were regularly taking place to enable people to express concerns and make suggestions for improvements to the service.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

When we inspected Rosedale Manor in October 2013 we found that the records were insufficient to protect people from the risks of receiving unsafe or inappropriate care. We took enforcement action and issued a warning notice and referred our findings to the local authority safeguarding team. The provider sent us an action plan outlining how they were going to meet the requirements of the regulation. This action plan has been consistently reviewed and updated and a copy sent to us at regular intervals.

During our inspection we looked at a variety of records including care plans, risk assessments and communication records. We looked in detail at the care files of four people. Three of them had been monitored monthly and updated at regular intervals. One file we looked at contained a number of irregularities which we pointed out to the management team. A risk assessment relating to a specific health issue had been completed in January 2014 and again in March 2014 with completely different results but no action had been taken to demonstrate what had been done in response to this. The temporary manager took action to resolve these issues before we completed our inspection.

At our previous inspection we had seen records that were illegible. At this inspection we were able to read all of the records we looked at. The management team told us that they were continuing to monitor this issue very closely and that all staff had been made aware that records must be recorded to an acceptable standard.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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